Effective January 1, 2003 106349													
		a	aims a	Gotumn			mn 2)		SMALL E	NTITY	OR	OTHER	
TOTAL CLAIMS			.,0					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC PE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			A minus 3 =		•			X42-	 	1	3 774	84	
MA	LTIPLE CEPE	NDEN	TCLAIMP	RESENT					-140	┢ᆣ	OR		<i>6</i> -1
* If the difference in column 1 is less than zero, enter "0" in column 2									+140=	 	OR	+280=	QALI
Δ	CLAIMS AS AMENDED - PART II OTHER TH												
COlumn 1) (Column 2) (Column 3)									SMALL	ENTITY	OR		
AMENDMENT A		RI	EMAINING AFTER ENDMENT		MIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOM	Total	•	22	Minus	-21)	- 2		X\$ 9=		OR	X\$18=	36
AFE	independent	Ŀ	<u>G</u>	Minus	4		• 2		X42=		OR	X86-	112
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								'	+140=		OR	+280=	
	t ,		•	,					TOTAL		OR	TOTAL	208
1	2/19/06	2 (0	olumn 1)		(Colum	nn 2)	(Column 3)	•	VDOIT. FEE		10	ADDIT, FEE	200
AMENDMENT B		RI	CLAUMS EMAINING AFTER ENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	Ŀ	<u>30</u>	Mires	- 6	<u> </u>	. 0	l	X\$ 9=		OR	X\$18=	
3	Independent FIRST PRESE	• NTAT	10N 0E M	Minus B TIDI E NEI	SENDENT	6	<u> </u>		X42=		OR	X84=\	
		•			CHUCKI	CLAIM		' [+140+		OR	+280=	
\Box	۸ -								TOTAL DOIT, FEE		OR	TOTAL ADOIT FEE	7
<u>8</u>	-3-07		olumn 1)		(Colun		(Column 3)		DOINTEE			ALLAIL PEEL	
MENT C		PE	CLAIMS EMARKING AFTER ENDMENT		HIGH NUMI PREVIO PAID	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDA	Total	•	16	Minus	•	5	• 0		X\$ 9=		OR	XSIE-	/ /
₹	Independent FIRST PRESE	NTAT	JON OF IN	Minus	em em	6	• 0		X42-		OFI	XSELV	1/
				JUITE VE	CHUENI	CLAIM	ل_لا	 	+140=			+280=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Humber Proviously Paid For" IN THIS SPACE is less than 20, enter "20,"										OR	TOTAL	/\-
	the Tilghest No. No Tilghest No.	100	THE COURT OF	ad For INI THO	SEPACE	lees the		_	TOYAL DOTT. FEE		OR	ADDIT. FEE	/-\-
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Application or Docket Number